UNITED NATIONS **E**

Economic and Social Council

Distr.
GENERAL

E/1997/62
15 May 1997

ORIGINAL: ENGLISH

Substantive session of 1997
Geneva, 30 June-25 July 1997
Item 6 (b)

COORDINATION QUESTIONS: MULTISECTORAL COLLABORATION ON TOBACCO OR HEALTH

Progress made in the implementation of multisectoral collaboration on tobacco or health

Report of the Secretary-General

CONTENTS

	Paragraphs	Page
BACKGROUND	1 - 4	2
I. FOLLOW-UP TO THE IMPLEMENTATION OF COUNCIL RESOLUTIONS ON TOBACCO OR HEALTH	5 - 49	2
A. Organizations and bodies of the United Nations system	7 - 23	3
B. Member States	24 - 29	7
C. Intergovernmental organizations	30 - 35	8
D. Non-governmental organizations	36 - 49	9
II. CONCLUSIONS AND RECOMMENDATIONS	50 - 56	12

Annexes

I. World Health Assembly resolution WHA 48.11, "An international strategy for tobacco control"	14
II. World Health Assembly resolution WHA 49.17, "International framework convention for tobacco control"	16

97-12863 (E) 040697

/...

BACKGROUND

1. The first substantive consideration of the problem of tobacco or health was undertaken by the Economic and Social Council in 1993. By its resolution 1993/79 on multisectoral collaboration on tobacco or health, the Council requested the Secretary-General to seek the full multisectoral collaboration of the organizations and bodies of the United Nations system and other international organizations, as appropriate, in contributing to the successful implementation of effective and comprehensive strategies for tobacco control.

2. Given the mandate of the United Nations Conference on Trade and Development (UNCTAD) in the area of commodities and the need to examine the economic adjustments that countries might need to undertake in the follow-up to Council resolution 1993/79, a focal point for the issue was designated by the Secretary-General of the United Nations within UNCTAD at the end of 1993, with responsibility for the implementation of the resolution.

3. At its substantive session of 1994, having considered the report of the Secretary-General (E/1994/83), the Council adopted resolution 1994/47, in which it called on the Secretary-General to report to it, at its substantive session of 1995, on progress made by the United Nations system focal point on tobacco or health, as defined in Council resolution 1993/79.

4. At its substantive session of 1995, having considered the report of the Secretary-General (E/1995/67), the Council adopted resolution 1995/62, in which it took note of World Health Assembly resolution 48.11 (annex I), in which the Director-General of the World Health Organization (WHO) had been requested to study the feasibility of developing an international instrument on tobacco control to be adopted by the United Nations, taking into account existing trade and other conventions and treaties. The Council also recognized that several organizations and bodies of the United Nations system had implemented World Health Assembly resolution 46.8, in which the Assembly had called for a ban on the use of tobacco within the buildings of the United Nations system; requested the United Nations system focal point on tobacco or health to intensify the dialogue with organizations of the system and Member States in order to strengthen tobacco control policies; invited Member States, bilateral and non-governmental organizations and organizations of the United Nations system to provide the necessary support to enable the focal point to carry out his mandate in an effective manner; and requested the Secretary-General to report to the Council at its substantive session of 1997 on progress made by the focal point in the implementation of multisectoral collaboration on tobacco or health.

I. FOLLOW-UP TO THE IMPLEMENTATION OF COUNCIL RESOLUTIONS ON TOBACCO OR HEALTH

5. Pursuant to the mandates of the above-mentioned resolutions, the United Nations focal point on tobacco or health established and maintained close relations with Governments, intergovernmental and non-governmental organizations, particularly in the area of information and exchange of communications among concerned organizations.

6. Given the issues raised by the resolutions on matters of health, education and welfare, the focal point also established contacts with the WHO regional offices, ministries of health, national committees of the United Nations Children's Fund (UNICEF) and ministries of education. In order to secure maximum outreach to concerned organizations the focal point contacted the regional representatives of the International Union Against Cancer, and through them their national member organizations. In mid-1996, the focal point became an active participant of GLOBALINK, an intranet service available to tobacco control experts from around the world that has become a very important source of information through its interactive electronic conferences.

A. Organizations and bodies of the United Nations system

7. In seeking to intensify the dialogue with the organizations and bodies of the United Nations system, the United Nations focal point on tobacco or health contacted over 30 United Nations entities; replies were received from most of them.

8. Many entities have participated in the efforts of the United Nations system to strengthen tobacco-control policies as they affect the working environment. Those entities most committed to the cause of creating an effective smoke-free environment on their premises have included the International Labour Organization (ILO), the International Civil Aviation Organization (ICAO), UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO. Other entities, such as the United Nations Secretariat in New York, the United Nations Offices in Geneva and Vienna, and the United Nations Institute for Training and Research (UNITAR) have instituted policies to limit smoking to restricted areas and are still in the process of re-evaluating those policies with a view to more effective implementation. Other entities have implied by their responses that the question has yet to be fully addressed. In some cases, existing tobacco-control measures are being reviewed with a view to obtaining a smoke-free environment. Many entities have also indicated that they support the World No Smoking Day. In addition, the United Nations Secretariat, the International Fund for Agricultural Development, IMO, UNIDO, the United Nations Institute for Training and Research and UNHCR offer medical assistance to staff through training sessions and/or counselling, and keep staff informed of the health hazards of smoking. The United Nations Secretariat, the World Intellectual Property Organization and WHO have established focal points on the subject in order to coordinate their response to the problem.

9. A number of United Nations entities are also undertaking or proposing to undertake substantive studies and activities in order to address tobacco-related questions.

10. The activities of the Statistical Division of the United Nations have continued to focus on the compilation and dissemination of statistics on tobacco production, consumption and trade, as well as the incidence of smoking, publishing data on those issues in its Statistical Yearbook, Compendium of Social Statistics and Indicators and Industrial Statistics Yearbook.

11. Since the publication of its study entitled "The economic role of tobacco production and exports in countries depending on tobacco as a major source of income", UNCTAD has received requests for studies on agricultural alternatives to tobacco production in developing countries that are highly dependent on tobacco production and exports. Since the economic role of tobacco production has raised interest in the Council and elsewhere, UNCTAD has submitted to the International Development Research Centre a research proposal, still under consideration, entitled "Economic aspects of development of agricultural alternatives to tobacco production and export marketing in Malawi and Zimbabwe" - the economies of those two developing countries are most dependent on tobacco exports. It is believed that that type of research could serve as a pilot study for the application of economic evaluation tools useful to many other tobacco-producing developing countries as they consider agricultural crop alternatives to tobacco production.

12. Now that nicotine has been recognized as an addictive substance, UNCTAD, in cooperation with the International Council on Alcohol and Addictions and the European Medical Association Smoking or Health, is organizing a round table that will focus on the economic and social aspects of alternative nicotine-delivery devices, such as skin patches, chewing gum and nasal inhalers.

13. The UNCTAD Division on Investment, Technology and Enterprise Development is considering undertaking a study on the role of multinational tobacco companies in the global expansion of tobacco consumption, particularly in the developing countries and countries in economic transition.

14. The United Nations Environment Programme (UNEP) has indicated that under its Environmental Law Programme Activity Centre, with its long and successful record of brokering several international conventions, protocols and other legal instruments, it can work with the United Nations system focal point, WHO and other relevant organizations in developing a framework convention on tobacco control.

15. UNICEF is increasing its support to programmes that contribute to the health and development of young people, one component of which is the prevention of tobacco consumption. It is in the process of finalizing its Notebook on Programming for Young People's Health and Development, which includes a focus on tobacco. UNICEF regional and country offices have been encouraged to strengthen their collaboration with the United Nations system and with other partners in relation to programmes that focus on preventing the use of drugs such as tobacco and alcohol. Concerned that the marketing of tobacco products is undermining its efforts to save the lives of millions of children annually from preventable diseases, UNICEF is urging a global ban on the promotion and sale of tobacco products to protect children in third world countries. Recognizing that the international community urgently needs a comprehensive, long-term strategy to combat tobacco, particularly in the developing world, UNICEF has welcomed a recent pledge by the seven major industrialized countries (Canada, France, Germany, Italy, Japan, United Kingdom of Great Britain and Northern Ireland, United States of America), Russia and European Union to work together to promote education and public awareness of the environmental hazards of tobacco smoke to children.

16. Given its involvement in the control of illicit drugs, the United Nations International Drug Control Programme (UNDCP) recognizes the health implications of tobacco use, and thus collaborates with the WHO Programme on Substance Abuse in activities that address tobacco and/or alcohol.

17. World Bank activities in the health sector (including sector work, policy dialogue and lending) discourage the use of tobacco products. The Bank does not lend directly for, invest in or guarantee investments or loans for tobacco production, processing or marketing. However, in the few countries that are heavily dependent on tobacco as a source of income and of foreign-exchange earnings (i.e., countries where tobacco accounts for more than 10 per cent of exports), especially as a source of income for poor farmers and farm workers, the Bank seeks to help those countries diversify away from tobacco production. It does not lend indirectly for tobacco production activities, although some indirect support of the tobacco economy may occur as an inseparable part of a project that has a broader set of objectives and outcomes. Also, unmanufactured and manufactured tobacco, tobacco-processing machinery and equipment, and related services are included on the negative list of imports in loan agreements, and cannot be included among imports financed under loans. Finally, tobacco and tobacco-related producer or consumer imports may be exempt from borrowers' agreement with the Bank in order to liberalize trade and reduce tariff levels.

18. The Food and Agriculture Organization of the United Nations (FAO) has reaffirmed its commitment to respond, subject to the availability of resources, to requests of member Governments wishing to investigate options for diversification away from tobacco production. FAO has not extended support or assistance for a number of years to any projects intended to expand tobacco production. At the same time, FAO has monitored developments in the production, consumption and trade of tobacco. Periodically, FAO analyses the longer-term prospects to provide a framework for evaluating the changing structure of the market for tobacco, and - through the quantification of consumption trends - the possible health implications of smoking. FAO considers that the multisectoral collaboration coordinated through the United Nations focal point on tobacco or health is an appropriate means for developing comprehensive and effective strategies, which take account of the full economic and health implications associated with tobacco production and consumption.

19. In addressing the subject of drug abuse, UNESCO includes in its educational activities - intended particularly for children and young adults - information about the dangers of tobacco. On 31 May 1996, UNESCO joined WHO and the International Olympic Committee to commemorate World No Tobacco Day under the theme of Sports and the Arts without Tobacco. The documentation on that event was distributed to the UNESCO national commissions, regional offices and the worldwide UNESCO network of associated schools (about 2,000). In addition, UNESCO, in collaboration with two French non-governmental organizations, CIPADED and Vie et santé, published a book in English, French and Arabic, entitled Farnatchi and the Mysterious Red Bag, on preventive education against tobacco use. Aimed mainly at children aged eight to 13 years in Arab-speaking countries, it was disseminated to the UNESCO national commissions and field offices in the Arab Member States. UNESCO will shortly make available on its

Internet Web site information concerning the use and dangers of tobacco, and its possible solutions.

20. WHO has played a leading role in tobacco control for many years since the establishment of the tobacco or health programme in 1990. Its plans of action 1988-1995 and 1995-2000 have provided the framework for the development of national tobacco control legislation in many countries.

21. Recognizing this critical need, the Ninth World Conference on Tobacco and Health, held in Paris in 1994, adopted a resolution urging national Governments' ministries of health and the World Health Organization to initiate action immediately to prepare and achieve an international convention on tobacco control to be adopted by the United Nations as an aid to implementation of the International Strategy for Tobacco Control adopted by the same Conference (see annex II). In May 1995, the World Health Assembly, in its resolution WHA 48.11, requested the Director-General to report to the Assembly at its forty-ninth conference on the feasibility of initiating action to prepare and finalize an international convention on tobacco control to be adopted by the United Nations, taking into account existing international trade and other conventions and treaties. The Director-General submitted his report on the feasibility of developing an international instrument for tobacco control to the WHO Executive Board at its ninety-seventh session. The report, inter alia, calls for the promulgation of an international framework convention for tobacco control and implementing protocols. The World Health Assembly adopted, by majority vote, resolution WHA 49.17 (see annex II to the present report) on the development of a WHO international framework convention for tobacco control, and a project proposal for its preparation is being implemented.

22. ICAO, at its nineteenth assembly, in 1992, adopted resolution Abbe-15 on smoking restrictions on international passenger flights. As of 1 July 1996, several States and many airlines had introduced smoking restrictions, varying from partial smoking bans on certain flights (depending on destination or maximum flight time) to a complete ban on all flights. ICAO has issued further correspondence that provides guidance and advice on the implementation of the global ban on smoking (State letter AN 5/13-96-79 of September 1996), including a questionnaire seeking information on the degree of implementation of resolution A29-15 (State letter AN 5/13-97/8 of January 1997). Some States have been hesitant to implement resolution A29-15 because they believe that legislation against smoking is difficult within the context of air law and aviation regulations. ICAO believes that a framework convention on tobacco control would assist such States in enacting the required legislation.

23. UNIDO has indicated that it is ready to assist interested countries in preparing and implementing programmes for alternative high value-added processed crops. Further to the UNCTAD proposal (see para. 11 above) on the impact of the tobacco economy in Zimbabwe and Malawi, UNIDO has indicated that a much larger study covering non-exporting, tobacco-producing developing countries, such as China and Pakistan, would be useful.

B. Member States

24. The United Nations system focal point contacted all Member Governments with permanent missions to the United Nations Office at Geneva. The information received mainly concerned national tobacco control policies and matters of particular concern to ministries of health, education and welfare, and to some extent covered information already appearing in earlier reports. The new information provided is set out below.

1. Developed countries

25. Many of the developed countries reported enactment of anti-smoking regulations and legislation (Belgium, Canada, Italy, New Zealand, Norway, Sweden and the United Kingdom of Great Britain and Northern Ireland), including such measures as health warnings on packaging; taxation on tobacco products; reporting requirements for manufacturers, distributors and advertisers; bans on smoking in public places; and discouraging tobacco access to youth. Support for the development of a framework convention on tobacco control, as called for in World Health Assembly resolution 49.17, was indicated by several countries (Belgium, Canada, Germany, Sweden). Some preferred to support measures for individual countries, using the existing regulations established by the European Community (Italy and the United Kingdom). Many countries (Belgium, Canada, Denmark, Norway and Sweden) had instituted public information campaigns to sensitize the public to the health risks linked to smoking. Such activities included education and health information and anti-smoking campaigns, with some Governments targeting their campaigns to youth or women. One Government has initiated international standards to measure the contents of nicotine and tar in the smoke from roll-your-own tobacco (Norway), and another has contributed financially to programmes supporting WHO programmes that assist other countries (Canada).

2. Newly industrialized countries and countries in economic transition

26. The replies received from newly industrialized countries and economies in transition indicate that those countries share with the developed countries a high concern about the health risks associated with tobacco consumption. They have adopted legislation and administrative ordinances to protect the population at large, especially high-risk groups, such as the young; fiscal measures to discourage tobacco consumption; advertising bans in newspapers, radio and television; and measures to disseminate information materials for increasing public awareness of the dangers of smoking. Some of those countries (China, Russian Federation, Pakistan and Singapore) have reported that they generally disseminate information materials to increase public awareness of the dangers of smoking through hosting/organizing conferences and round tables, organizing anti-smoking public education campaigns, and in general establishing a supportive environment that is conducive to making non-smoking the norm. One Government sought multisectoral collaboration in its campaign against smoking, securing the assistance of public and private sectors. One Government (China), strongly supporting the development of a framework convention on tobacco

control, indicated that a number of issues, such as women and tobacco, approaches to tobacco cessation, financing tobacco control and tobacco control programmes, were areas best suited to multisectoral collaboration and international cooperation. As a step towards more effective smoke control activities, some countries (Mexico and Turkey) have made improvements in data collection and research on tobacco prevention, health care and rehabilitation. Another (Czech Republic) supported the creation and proliferation of smoking-cessation clinics.

3. Other developing countries

27. In a large number of developing countries in Africa and in most of Asia and Latin America tobacco use is increasing among the population. According to WHO and World Bank estimates, it is precisely in this group that the risks associated with tobacco consumption is likely to be the highest in the future. According to estimates, while in 1995 tobacco consumption was responsible for 3 million deaths - 2 million in the developed countries and 1 million in the developing countries - by the year 2025, world mortality will reach 10 million - 3 million in the developed countries and 7 million in the developing countries. As the multinational tobacco companies confront increasing restrictions on their operations in the North, it is expected that they will try to compensate for the loss of markets by opening up and expanding their markets in the South.

28. Some countries have adopted a comprehensive anti-smoking policy (Cameroon, Mauritius, Oman), in some cases complemented with the training of schoolchildren and teachers on the risks of tobacco consumption on health, and the introduction of national targets for the reduction of tobacco consumption (Trinidad and Tobago). Other countries discourage smoking in public and at official gatherings, except at specified times and in specific places (Ghana, Nigeria).

29. Some countries have introduced legislation on tobacco control that places a ban on audio-visual advertisements on tobacco products via electronic media (Jamaica and Nigeria), prohibits cinema advertisement of tobacco products and advertisement of tobacco products in literature of any kind intended for persons under 18 years of age, and enforces mandatory use of health warnings of tobacco products (Jamaica).

C. Intergovernmental organizations

30. A number of intergovernmental organizations have undertaken activities supportive of United Nations and WHO resolutions in the field of tobacco or health.

31. The Arab Bank for the Development of Africa has reported that, consistent with its lending policy of encouraging food security projects in the agricultural sector, it has not participated in the financing of any tobacco-related projects.

32. The Asian Development Bank has stated that although the Bank does not have a formal policy restriction on the financing of projects that are indirectly

associated with tobacco, its projects do not promote nor encourage the cultivation of tobacco. The Bank realizes that because of the great difficulty in making a significant impact on the supply side given the existing favourable market conditions for tobacco, efforts should focus on reducing demand for tobacco, especially by young people. The Bank, therefore, supports efforts to limit the use of tobacco through the promotion of healthier lifestyles in the context of health projects.

33. In 1995, the Ministers of Health of the Gulf Cooperation Council adopted a resolution containing provisions concerning the restriction of nicotine and tar levels in cigarettes. The resolution also established an increase of customs duties to reach 100 per cent, and assigned a committee to work with health authorities to provide information materials for health awareness, such as media campaigns, and to introduce programmes to combat smoking. In addition, a recommendation has been made by Ministers of Industry to the concerned authorities not to issue licences for tobacco-manufacturing factories of all types.

34. The European Commission adopted on 18 December 1996 a communication to the European Council and the European Parliament on the current and proposed community role in combating tobacco consumption, in which specific reference was made to international efforts and the proposed WHO convention on tobacco control. The Commission has expressed, through its focal point on tobacco and health, an interest in meeting with WHO to discuss the policy aspects of the preparation of the framework convention for tobacco control and to explore the possibilities for further cooperation.

35. The Organisation for Economic Cooperation and Development (OECD) reported that its member countries pursue policies designed to enhance the health status of populations. At the organizational level, OECD, as part of the work of its committees, monitors the taxation of tobacco. Its annual publication, Consumption Tax Trends, lists the specific excise and ad valorem excise taxes on cigarettes, cigars and rolling tobacco, information that facilitates the use of fiscal instruments in the determination of national health policies. OECD has also reduced smoking in its meeting rooms and facilities.

D. Non-governmental organizations

36. A large number of non-governmental organizations have also been very active in the struggle to creating a smoke-free environment.

37. The International Federation of Red Cross and Red Crescent Societies, at the Twenty-fifth International Conference of the Red Cross and Red Crescent Movement and at the Fifth General Assembly of the International Federation (then the League) urged its national societies to (a) establish programmes of education and public information on the effects of the use of tobacco; (b) support WHO measures for the implementation of strategies on smoking control; and (c) encourage either a total ban or restrictions or limitations on tobacco advertising. As a result, many national societies, as well as the secretariat of the Federation, including all regional and country delegations,

as well as all vehicles of the Federation - both in Geneva and in the field - became smoke-free as of 1 May 1997.

38. The International Council on Alcohol and Addictions (ICAA), a part of the International Non-Governmental Coalition Against Tobacco, reported that it will co-sponsor with UNCTAD and the European Medical Association on Smoking and Health the organization of a technical round table on alternative nicotine delivery systems. ICAA is also co-sponsoring a workshop at Cairo in May 1997 on methods to reduce smoking: the need for innovative approaches. ICAA is also co-sponsoring the Tenth World Conference on Tobacco or Health at Beijing.

39. The Non-Smokers' Rights Association is very supportive of the development of an international instrument on tobacco control, and has already cooperated with WHO in the preparatory work leading up to the adoption of the WHO resolution on a framework convention.

40. The International Air Transport Association has been monitoring the initiatives taken by its member airlines to implement partial or total bans of smoking on board aircraft, and in 1995 considered the issue of a voluntary worldwide ban on smoking. There was majority support for some form of joint industry action on that matter, but agreement could not be reached on a non-binding establishment of "recommended practice". It was felt that the issue had significant commercial implications, so that it would be ineffective in the marketplace, and that action was better left to the discretion of individual airlines.

41. The International Council of Nurses, consistent with its strategic mission to promote healthy public policy and social well-being worldwide, has been working closely with its constituent national nurses associations in over 112 countries to collaborate in a concerted fight against tobacco use in all its forms. It has sent a letter of protest to the Director-General of the European Commission opposing support for a round table on the theme "Europe of the regions" organized by the tobacco company Phillip Morris; has condemned the use of threats or trade sanctions to compel nations to increase importation of tobacco products; has adopted a smoke-free policy and banned smoking in its offices; has developed for the 1997 International Nurses Day a resource kit on the theme "Healthy young people: a brighter tomorrow", which dealt with the prevention of tobacco use by young people; and disseminates information to its member national nurses associations on the health hazards of tobacco use and its prevention through its official journal, the International Nursing Review.

42. World Vision International has reported that it continues to carry on extensive health education against tobacco and its ill effects on health. As a matter of policy, it does not support any income-generation projects linked to tobacco, nor does it accept any donations from such sources. Its offices are totally smoke free, both for staff and visitors. It supports the development of a comprehensive framework convention on tobacco control; however, it favours a total ban on the production, sale, purchase, import, export, storage and use of tobacco in all countries.

43. The Asian Consultancy on Tobacco Control, through its Director, has been a member of the WHO Expert Advisory Panel on Tobacco or Health since 1984, and has

provided consultancy assistance to WHO regional offices on policy development. ACTC has participated in specific missions to support the development of national policy, programmes, legislation and health education projects on tobacco or health in many countries of the Asian region. ACTC also supports the idea of the international framework convention on tobacco control.

44. The International Olympic Committee has cooperated for many years with WHO on several projects to promote healthy lifestyles. The Summer and Winter Olympic Games have been proclaimed smoke free since 1988. The Committee co-sponsored the 1996 World No-Tobacco Day, which was dedicated to the theme "Sport and the arts without tobacco: play it tobacco free".

45. Many of the Scout associations of the World Organization of the Scout Movement have developed educational programmes for tobacco-free societies. Learning how to avoid taking drugs, including tobacco and alcohol, is the subject of youth programmes promoted by the organization in several countries and supplemented through publications and educational materials.

46. A number of non-governmental organizations in Brazil (the National Cancer Institute of Brazil, along with the Brazilian Tobacco Control Coordinating Committee, the National Heart Foundation, the Latin American Women's Association) sponsored and organized the First Latin American Congress on Tobacco Dependency and the Second Brazilian Congress on Tobacco Dependency at Fortaleza, Brazil, in June 1996. The Congress, which was well attended and included delegates from Latin America's Tobacco Control Coordination Committee, focused on various tobacco-related subjects, such as environmental impact, alternative crops, active and passive smoking, nicotine as an addictive drug, analysis of cigarette chemicals, tobacco advertising and marketing, the impact of tobacco consumption on women and agricultural alternatives to tobacco production. Discussions led to the adoption of a number of recommendations concerning strategies for tobacco control in Brazil through the official global plan for 1996-2000, and similar strategies for other Latin American countries were considered.

47. On the same occasion and inspired by the WHO World No-Tobacco Day theme "Sports and the arts without tobacco", the United Nations system focal point launched the initiative for an international mountain-climbing expedition against smoking. An expedition of 28 climbers against smoking successfully reached the summit to Aconcagua, the highest mountain in the world outside Asia, on 14 January 1997. The expedition was totally self-financed and co-sponsored by the government of Mendoza, the Argentine Union Against Smoking and the Secretariat of Sports of the Government of Argentina.

48. The International Union Against Cancer established GLOBALINK, an intranet service, which operates through a system of electronic conferences at which tobacco-related subjects are discussed and information exchanged. These have included such topics as tobacco control legislation, litigation, tobacco advertising, tobacco and children and youth, tobacco and women, and health-related aspects of tobacco consumption. GLOBALINK has proposed that a special fund be allocated to network communications, by providing appropriate communications equipment (Internet) to all countries, which could greatly improve tobacco control and could significantly assist countries in the

implementation of tobacco-control legislation based on the experience of other countries.

49. The Tenth World Tobacco Conference on Tobacco or Health (24-28 August 1997) is being hosted by the Chinese Association on Smoking and Health and the Chinese Medical Association. The Theme of the Conference, "Tobacco: the growing epidemic", has been chosen to reflect the increasingly global nature of the problem. The location of Beijing for the Conference is particularly important, since China is the largest cigarette producer and consumer in the world, with three hundred million smokers consuming 30 per cent of the world's cigarettes.

II. CONCLUSIONS AND RECOMMENDATIONS

50. Over the two-year period under review, a number of important events have contributed to a significant change in the international tobacco control situation, the most important of which is growing public awareness of the public health risks associated with tobacco consumption, which has led Governments, especially in the advanced countries, to adopt stronger legislation on tobacco production, processing, marketing and use, especially in public places.

51. A turning point was reached recently in the international struggle to control the operations of the biggest tobacco multinationals, when a number of major tobacco transnationals - some of which have recently admitted that tobacco is addictive and causes cancer and heart disease - met with anti-smoking groups and officials of the Government of the United States of America to discuss the terms of a settlement on a very large number of liabilities. According to reliable press sources, those multinationals are willing to accept government regulation, and would be prepared to pay as much as $300 billion over the next 25 years in the form of a fund under which smokers could seek compensation.

52. So too, newly industrialized countries and countries with economies in transition have become more sensitized to the dangers of tobacco, and in many of them the media are actively promoting the adoption of stricter legislation. Moreover, the statistical evidence points to a growing pandemic of health risks related to tobacco consumption, as multinational tobacco companies seek to expand their markets in countries of the developing world to compensate for the loss of traditional markets in the developed countries.

53. On the intergovernmental level, more and more organizations have begun to address tobacco-related questions, either by banning tobacco in the workplace or or adopting policies relevant to their work programmes. Particularly noteworthy, especially as they concern advocacy, have been the efforts of several elements of civil society; their activities have been effective in promoting action at the international and national levels, in supporting legislation and in informing users of the global nature of the problem.

54. Another major change during the last two years in the field of tobacco control has been the impact of the development of the Internet, a technological revolution which, at a very low cost, has provided access to the latest, generally reliable global information on tobacco on a 24-hour basis. As

proposed by GLOBALINK, that is an area that presents the greatest potential for action in the immediate future.

55. In compliance with Council resolutions on tobacco or health, the United Nations system focal point has consolidated contacts with Governments, intergovernmental and non-governmental organizations. That process has expanded notably, thanks to the Internet, which has facilitated access to information (although it presents a challenge in controlling and usefully managing the mass of data collected). Much remains to be done, however, in terms of implementation of World Health Assembly resolution 46.8.

56. Concerning the future of the Tobacco or Health Programme, a commitment to providing a minimal level of resources for such activities will be essential if the United Nations system is to respond effectively to all the new requests for action on the issues discussed in the present report. One option would be to establish a voluntary trust fund to finance the main activities of the United Nations system focal point. A small amount of resources allocated to the United Nations system to mobilize a coordinated international response to the challenge of developing effective tobacco control policies could make a significant impact due to the networking arrangements and links established with governmental, intergovernmental, non-governmental and civil society organizations. There is a need to create a minimal capacity for undertaking related activities in order to fully tap the complementarity resources and potential of those institutions.

Annex I

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

Resolution WHA48.11

An international strategy for tobacco control

The Forty-eighth World Health Assembly,

Recalling and reaffirming resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive multisectoral, long-term tobacco strategies and outlining the most important aspects of national, regional and international policies and strategies in this field,

Recognizing the work carried out by the Organization in the field of tobacco or health, and noting that the plan of action of the "tobacco or health" programme for 1988-1995 comes to an end this year,

Noting that the Director-General and the Secretariat contributed to the success of the Ninth World Conference on Tobacco and Health (Paris, October 1994) at which an international strategy for tobacco control was adopted covering the essential aspects of WHO policy in this field: curbing of the promotion of tobacco products, demand reduction particularly among women and young people, smoking cessation programmes, economic policies, health warnings, regulation of tar and nicotine content of tobacco products, smoke-free environments, and marketing and monitoring,

1. COMMENDS the International Civil Aviation Organization response to ban smoking on all international flights as of 1 July 1996;

2. URGES those Member States that have already successfully implemented all or most of a comprehensive strategy for tobacco control to provide assistance to WHO, working with the United Nations system focal point on Tobacco or Health (located in United Nations Conference on Trade and Development), so that these bodies can effectively coordinate the provision of timely and effective advice and support to Member States seeking to improve their tobacco control strategies, including health warnings on exported tobacco products;

3. REQUESTS the Director-General:

(1) to report to the Forty-ninth World Health Assembly on the feasibility of developing an international instrument such as guidelines, a declaration, or an International Convention on Tobacco Control to be adopted by the United Nations, taking into account existing trade and other conventions and treaties;

(2) to inform the Economic and Social Council of the United Nations of this resolution;

(3) to strengthen WHO's advocacy role and capacity in the field of "tobacco or health" and submit to the Forty-ninth World Health Assembly a plan of action for the tobacco or health programme for the period 1996-2000.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

Annex II

FORTY-NINTH WORLD HEALTH ASSEMBLY

Resolution WHA49.17

International framework convention for tobacco control

The Forty-ninth World Health Assembly,

Recalling resolutions WHA29.55, WHA31.56, WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco control strategies,

Noting with satisfaction that the Director-General has prepared a report on the feasibility of developing international instruments for tobacco control, as requested by resolution WHA48.11, and that this report concludes that the development of such instruments is feasible,

1. URGES all Member States, and, where applicable, organizations of the United Nations system and other international organizations progressively to implement comprehensive tobacco control strategies that include the measures referred to in resolutions WHA39.14 and WHA43.16 as well as other appropriate measures;

2. URGES Member States to contribute the necessary extrabudgetary resources to permit the implementation of this resolution;

3. REQUESTS the Director-General:

(1) to initiate the development of a framework convention in accordance with Article 19 of the WHO Constitution;

(2) to include as part of this framework convention a strategy to encourage Member States to move progressively towards the adoption of comprehensive tobacco control policies and also to deal with aspects of tobacco control that transcend national boundaries;

(3) to inform the Secretary-General of the United Nations of this initiative, and to request the collaboration of the United Nations system, coordinated through the United Nations system focal point on "tobacco or health";

(4) to keep the Health Assembly informed of the development of the framework convention in his biennial reports to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes, as called for in resolution WHA43.16.

Sixth plenary meeting, 25 May 1996